

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case Management Services for children in emergency, temporary, permanent or voluntary custody of the Department of Human Services who are in out-of-home care or trial adoption.

The initial cost base is estimated in accordance with the federally approved Department of Human Services cost allocation plan which uses a random moment time study (RMTS) to prorate the Division of Children and Family Services costs to various program activities. The cost base will consist of the annualized cost of Targeted Case Management (TCM) activities as identified by the RMTS and will include all allocable overhead and indirect costs. The estimated number of billable units will be current population known to be receiving case management services multiplied by 12 to obtain the annual number of monthly units. A first year interim rate will be computed by dividing the annualized cost base by the annualized billable units. Subsequent annual rates will include an adjustment based on previous year costs versus total billable amount. The total billable amount for the previous year will be subtracted from the total allocated costs of the previous year and the result added to the current year projected costs.

Payment will be made on the basis of claims submitted for payment. The provider will bill at the monthly unit rate for each documented unit of Medicaid TCM service provided to each Medicaid eligible recipient during the calendar month. A maximum of one unit of TCM per month can be billed for each Medicaid eligible recipient. The units of Medicaid TCM services provided will be documented by the case manager.

*Amended*

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DATE REC'D	<i>7-30-97</i>
DATE APP'D	<i>6-29-98</i>
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New 08-01-97

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State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case Management Services for children in temporary custody or supervision of the Office of Juvenile Affairs, who are placed in own home or out-of-home care, or at risk of coming into the custody or supervision of the Office of Juvenile Affairs

The initial cost base is estimated in accordance with the Office of Juvenile Affairs cost allocation plan which uses a random moment time study (RMTS) to prorate the Juvenile Services Unit costs to various program activities. The cost base will consist of the annualized cost of Targeted Case Management (TCM) activities as identified by the RMTS and will include all allocable overhead and indirect costs. The estimated number of billable units will be current population known to be receiving case management services multiplied by 12 to obtain the annual number of monthly units. A first year interim rate will be computed by dividing the annualized cost base by the annualized billable units. Subsequent annual rates will include an adjustment based on previous year costs versus total billable amount. The total billable amount for the previous year will be subtracted from the total allocated costs of the previous year and the result added to the current year projected costs.

Payment will be made on the basis of claims submitted for payment. The provider will bill at the monthly unit rate for each documented unit of Medicaid TCM service provided to each Medicaid eligible recipient during the calendar month. A maximum of one unit of TCM per month can be billed for each Medicaid eligible recipient. The units of Medicaid TCM services provided will be documented by the case manager.

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State OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case management services for persons served by the Home and Community Based Services Waiver and persons with mental retardation and related conditions who are participating in the Alternative Disposition Plan Waiver.

The reimbursement for Developmental Disabilities Services Division Targeted Case Management (DDSDTCM) services is a unit rate based on the monthly cost per case for documented DDSDTCM services. The cost base consists of the annualized cost of qualified case management staff including all applicable overhead and indirect service cost in accordance with the approved DHS cost allocation plan. A first year interim rate is computed by dividing the annual cost base by the projected number of units. Subsequent annual rates will include an adjustment based on previous years cost versus total billable amount. A unit of service is defined as one calendar month of case management, provided that a minimum of one contact which meets the description of a case management activity with or on behalf of the recipient has been documented during the month claimed.

Payment will be made on the basis of claims submitted for payment. The provider bills at the monthly unit rate for a documented unit of Medicaid DDSDTCM services provided to each Medicaid eligible recipient during the calendar month. A maximum of one unit of DDSDTCM per month can be billed for each Medicaid eligible recipient. The units of Medicaid DDSDTCM services provided will be documented by the case manager.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

A per diem rate will be established for each residential level of care in which behavior management services are provided. For purposes of this plan amendment, the rates were computed as follows:

1. State fiscal year 1998 contracted residential care services per diems were arrayed by level of care, from highest to lowest cost.
2. A direct care cost adjustment factor for behavior management services was determined for each level of care. A factor of eighteen percent (18%) was used for Level C services, which is the least resource intense level of care.
3. Each level of care contracted per diem was multiplied by the associated direct care adjustment factor to arrive at the Medicaid reimbursement rate. The resulting rate for level C services is comparable to the statewide rate for providing one unit of rehabilitative treatment services in a non-residential setting.

The payment is an all-inclusive daily rate for all behavior management services provided under the auspices of the OHCDs in one day. Room and Board costs, educational costs and related administrative costs are not reimbursable. RBMS are limited to a maximum of one service per day per eligible recipient.

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State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case Management Services for first time pregnant women and their infants  
from birth to two years of age

The providers will be reimbursed by a set statewide fee per unit of services provided by enrolled case managers. This methodology is for public providers. Costs were obtained from the statewide prevailing average salary costs for professional and clerical staff. The professional staff cost is weighted average of the hourly rates for all these professionals in proportion to the involvement in case management. The direct care fringe benefits and indirect care costs are state and federally negotiated percentage factors, respectively. To this is added an allowance for travel. The rate is calculated as follows:

$$*PT + CT + ((PT+CT) \times FB) + ((PT+CT) \times IDC) + TRV = \text{Case Management Rate}$$

\*Where PT = Professional Time  
CT = Clerical Time  
FB = Fringe Benefits Factor  
IDC = Indirect Cost Factor  
TRV = Travel Allowance

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The average cost of direct case management services is determined by averaging the hourly salary rate (+ direct care fringe) of professional job classifications comparable to case management tasks. The clerical rate is determined by the average hourly rate for support personnel (+ direct care fringe). Direct care fringe includes vacation, holiday, sick pay and other paid absences, but excludes all other fringe benefits.

Indirect costs include record keeping activities, rent, supplies and other administrative functions related to the case management function. The allocation is a negotiated rate to be used on grants, contracts and other agreements with the federal government in accordance with the authority in Office of Management Budget Circular A-87. The allocation is applied to the salaries and wages of employees who are assigned to any off-site facility.

Fringe benefits include FICA, health insurance, worker's comp, social security and retirement. These costs are added to the salary costs.

\* It is estimated that an encounter will include one (1) hour and 30 minutes of direct patient contact. An additional one (1) hour of clerical support will also be required.

All services must be documented by date of service, name of recipient, name of provider agency and person providing the services, the beginning and ending times, and the place of service.

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TN# 97-19

**Children's First Targeted Case Management  
Encounter Costs**

<u>Staffing</u>	<u>Hr. Rate</u>	<u>Pct/Hr</u>	<u>Total</u>
Professional Time (PT)	13.00	1.50	19.50
Clerical (CT)	7.33	1.00	7.33
Sub-Total			<u>\$ 26.83</u>
Fringe Benefits ((PT + CT) x .29))			7.78
IDC ( PT + CT x .15)			4.02
			<u>\$ 11.81</u>
<u>Travel</u>			<u>\$ 5.18</u>
<b>Total Rate</b>			<b><u><u>\$ 43.82</u></u></b>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_\_ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item 1 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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QMBs:           Part A MR Deductibles MR Coinsurance  
                  Part B NR Deductibles NR Coinsurance

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Other           Part A MR Deductibles MR Coinsurance  
Medicaid  
Recipients    Part B NR Deductibles NR Coinsurance

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Dual           Part A MR Deductibles MR Coinsurance  
Eligible  
(QMB Plus)    Part B NR Deductibles NR Coinsurance

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Supplement 1 to ATTACHMENT 4.19-B  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. Payment of Deductible and Coinsurance for Medicare Part B Claims

Payment is made at a rate of 94 percent of the deductible and  
75 percent of the coinsurance.

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